Connecticut Dej						ction	
Water Qu	iality Monit	oring and Com	plianc	e Sche	edule		
PWS ID PWS Name		(	Classificati	on Popul	ation Owr	ner Type Primai	ry Source
CT1040044 GLOBAL PARTNERSLP,ALL	IANCEENERGYGAS	OLINE	NC	2	5	Р (	GW
Local Address (where applicable)		Service Residenti	al Comm	ercial In	dustrial	Combined Ag	ricultural
170 TAFTVILLE- OCCUM ROAD		Connections	1				
Towns Served: NORWICH							
	Monito	oring Requiremen	ts				
Water System Facility: <b>DISTRIBUTION</b>	SYSTEM (WSF II	D: 00600)					
Total Coliform (3100)					1 rou	tine (RT) per d	quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance	Status
Select from Inventory of Active Sampl	ing Points	10/1/18 - 1	2/31/18			Comple	ete
		1/1/19 - 3	3/31/19			Comple	ete
		4/1/19 - 6	30/19				
		7/1/19 - 9	/30/19				
Physical Parameters (PPS)					1 rou	tine (RT) per o	quarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance	Status
Select from Inventory of Active Sampl	ing Points	10/1/18 - 1	2/31/18			Comple	ete
		1/1/19 - 3	3/31/19			Comple	ete
		4/1/19 - 6	5/30/19				
		7/1/19 - 9	/30/19				
Water System Facility: ENTRY POINT	(WSF ID: 00700)						
Nitrate And Nitrite (NOX)					1	routine (RT) p	er year
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance	Status
ENTRY POINT (3)		1/1/18 - 1	2/31/18			Comple	ete
		1/1/19 - 1	2/31/19				
		1/1/20 - 1	2/31/20				
Water System Facility: WELL (WSF ID	): 21814)						
E. Coli (3014)					1 rou	tine (RT) per d	uarter
Sampling Point (Sampling Point ID)		Monitorin	g Period	Collecti	on Period	Compliance	-
WELL (2)		10/1/18 - 1	.2/31/18			Comple	
		1/1/19 - 3				Comple	
		4/1/19 - 6				·	
		7/1/19 - 9					
Water	System Facili	ty and Sampling I		ventor	Y		
Water				Total	Lead and		
System Water System Facility	Sampling Point			Coliform	Copper		Stage
Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos WQI	P 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
	UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700 ENTRY POINT	3	ENTRY POINT	А				
21814 WELL	2	WELL	Α				

54234 UV TREATMENT

54236 BLADDER STORAGE TANK

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT1040044	GLOBAL PARTNERSLP, ALLIANCEENERGYGASO	OLINE		NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
170 TAFTVILLE-	OCCUM ROAD	Connections		1			

				<b>Contact Inf</b>	ormation				
Name		Organization	า		Job Title				
Mr. Eric Harvey				Global Partn	ers, Lp	Environmntl Proj Mgr			
Mailing Address Line One Mailing Add				Address Line Two		City		State	Zip Code
15 Ne Industrial Ro	ad					Branford	d CT 06405		
Business Phone	siness Phone Extension Fax			Mobile Phone	Emergency Phone	Email Address			
		203-488-3	3065	845-238-7354		eharvey@globalp.com			

#### Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Conne	ecticut Depa	ortment of	Dublic H	[aalth	Dr	inkin	σ M	ator	So	ction		
	Comine	Water Qua						_			CHOII		
PWS ID	PWS Nam		inty Monit	oring and	u Com						ner Tyne	Drin	nary Sourc
CT104005		OF JESUS CHRIST C	OF LATTER DAY S	ΔΙ		Class	NC		25	OWI	P		GW
	ress (where appl		, LATTER DATE.	Service	Residen	tial (	Commer		ndustria	al	Combine	d A	Agricultura
	LAND ROAD	icasicy		Connections	residen	ciai (	1	orar n	14456116		0011101110		Bileateare
	ved: NORWICH												
			Monito	oring Requ	iireme	nts							
Water Sy:	stem Facility:	DISTRIBUTION S											
Total Col	liform (3100)			<u> </u>					1	rou	tine (RT	) pe	r quarter
	oling Point (Sam	pling Point ID)			Monitori	ng Pe	riod	Collect			=		ce Status
		of Active Samplin	g Points		10/1/18 -	_							olete
	-	<u> </u>	-		1/1/19 -	3/31	/19				(	Com	olete
					4/1/19 -	6/30	/19				(	Comp	olete
					7/1/19 -	9/30	/19						
Physical	Parameters (I	PPS)							1	rou	tine (RT	) pe	r quarter
Samp	oling Point (Sam	pling Point ID)			Monitori	ng Pe	riod	Collect	ion Per	riod	Comp	olian	ce Status
Selec	t from Inventory	of Active Sampling	g Points	:	10/1/18 -	12/3	1/18				(	Comp	olete
					1/1/19 -	3/31	/19				(	Comp	olete
					4/1/19 -	6/30	/19				(	Comp	olete
					7/1/19 -	9/30	/19						
Water Sy:	stem Facility:	ENTRY POINT (	WSF ID: 00700)										
Nitrate A	And Nitrite (N	OX)								1	routine	(RT)	per year
Samp	oling Point (Sam	pling Point ID)			Monitori	ng Pe	riod	Collect	ion Per	riod	Comp	olian	ce Status
ENTR	RY POINT (3)				1/1/18 -	12/31	1/18				(	Comp	olete
					1/1/19 -	12/31	1/19				(	Comp	olete
					1/1/20 -	12/31	1/20						
			Other Co	ompliance	Sched	ules	S						
Compliand	ce Schedule Acti	vity			L	Due D	ate		Achie	ved	Date		
RESPOND	TO SANITARY SU	JRVEY			2	/15/2	2019		3/12	2/20	19		
CORRECTI	VE ACTION/COR	RECTIVE ACTION P	LAN		5	/16/2	2019						
		Water S	ystem Facili	ity and Sar	npling	Poi	nt Inv	ento	ry				
Water								Total	Lead	and			
System	Water System	Facility	Sampling Point		nt		C	oliform					Stage
Facility ID	)		ID	Description		S	tatus	Rule	Rule	Tier	Asbesto	s W	QP 2 DBP
00600	DISTRIBUTION	SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ					
			DOWNSTREAM	WITHIN 5 SER	VICE CON	١	Α						
			UPSTREAM	WITHIN 5 SER	VICE CON	١	Α						
00700	ENTRY POINT		3	ENTRY POINT			Α						
21815	WELL		2	WELL			Α						
			Con	tact Inforr	nation								
Name			Oı	rganization							Job Title	2	
Mr. Charle	es Volpetti		Hi	ngham Ma Fm	Group			Fac	ility Ma	anag	er		
Mailing Ac	ddress Line One		Mailing Address	s Line Two				С	ity		State	Z	ip Code

Mobile Phone

P.O. Box 570

Fax

508-698-7972

76 Main Street

**Business Phone** 

508-698-7970

Extension

Contact Role(s): Administrative Contact, Legal Contact

volpettic@ldschurch.org

Foxboro

Emergency Phone Email Address

508-243-1986

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02035

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water quality Monte	or mg am	u Con	upi	iance c	Ciicuui	·C	
PWS ID	PWS ID PWS Name					Population	Owner Type	Primary Source
CT1040054	CHURCH OF JESUS CHRIST OF LATTER DAY SA	AI .			NC	25	Р	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
597 SCOTLAND	ROAD	Connections			1			
Towns Served:	NORWICH						·	

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	<b>Connecticut Department</b>	of Public H	Iealth D	rinkin	g Wat	er S	ection	
	Water Quality Mon				O			
PWS ID	PWS Name		Cla	ssification	Populat	ion Ov	vner Type Pr	imary Source
CT1040064	NORWICH AESTHETIC DENTISTRY			NC	25		Р	GW
Local Address (\	where applicable)	Service	Residential	Commer	cial Indu	strial	Combined	Agricultural
164 OTROBAND	OO AVENUE	Connections		1				
Towns Served: I	NORWICH				,		1	
	Moi	nitoring Requ	uirements	;				
Water System	Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)						
<b>Total Coliforn</b>	n (3100)					1 ro	utine (RT) p	er quarter
Sampling I	Point (Sampling Point ID)		<b>Monitoring F</b>	Period	Collection	Period	d Complic	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 - 12/	31/18			Coi	mplete
			1/1/19 - 3/3	1/19			Coi	mplete
			4/1/19 - 6/3	0/19				
			7/1/19 - 9/3	0/19				
<b>Physical Para</b>	meters (PPS)					1 ro	utine (RT) p	er quarter
	Point (Sampling Point ID)		<b>Monitoring F</b>		Collection	Period	d Complic	ance Status
Select fron	n Inventory of Active Sampling Points		10/1/18 - 12/				Coi	mplete
			1/1/19 - 3/3				Coi	mplete
			4/1/19 - 6/3					
			7/1/19 - 9/3	0/19				
-	Facility: ENTRY POINT (WSF ID: 007	00)						
Nitrate (1040	•						utine (RT) p	•
	Point (Sampling Point ID)		Monitoring F		Collection	Period		ance Status
ENTRY POI	NT (3)		10/1/18 - 12/					mplete
			1/1/19 - 3/3				Соі	mplete
			4/1/19 - 6/3					
	<b>\</b>		7/1/19 - 9/3	0/19				
Nitrite (1041	-		Adamitanian I	ania d	Callaction		L routine (R	
	Point (Sampling Point ID)		Monitoring F		Collection	Period		ance Status
ENTRY POI	N1 (5)		1/1/18 - 12/3					mplete
			1/1/19 - 12/3				COI	mplete
	Otho	r Compliance	1/1/20 - 12/3					
Compliance Sch		Compliance		Date Date	4	chieved	d Date	
	ANITARY SURVEY			/2019	A	2/12/2		
	TION/CORRECTIVE ACTION PLAN			/2019		<u> </u>	.013	
CORNECTIVE AC	TION/CORRECTIVE ACTION PLAN		5/16	/2019				

CORRECT	IVE ACTION/CORRECTIVE AC	TION PLAN	5/1	16/2019					
	W	ater System Facili	ty and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21816	WELL	2	WELL	Α					
54704	BLADDER TANK								

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<i>-</i>			1				
PWS ID	PWS Name					Class	sification	Population	Owner Type	Primary Source
CT1040064	NORWICH AESTHETIC	DENTIS	STRY				NC	25	Р	GW
Local Address (\	vhere applicable)			Service	Residen	tial C	Commercia	I Industri	al Combine	ed Agricultural
164 OTROBAND	O AVENUE			Connections			1			

				Contact Inf	ormation					
Name				Organization	l		Job Title			
Dr. Edward C. Yate	S	Norwich Aes	thetic Dentsitry	Dentist-Ow	ner					
Mailing Address Line One Mailing Addr			Address Line Two		City		State	Zip Code		
164 Otrobando Ave	nue					Norwich	orwich CT			
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-889-6445		860-889-5	5572		860-961-6221	yatesrecords@gmail.com				

### Contact Role(s): Administrative Contact, Legal Contact, Owner

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	onnecticut Dej	nartment of	Public H	ealth	Driv	nkin	σΜ	ater S	ection	
	C		iality Monit					_			
PWS ID	Pi	WS Name	ianty Monit	ornig am	u Con					ner Type P	rimary Sourc
CT104008		ORWICH WORSHIP CEN	TER				NC		25	P	GW
ocal Add	dress (who	ere applicable)		Service	Residen	tial Co	ommer	rcial Ir	ndustrial	Combined	Agricultura
	LER LANE			Connections			1				
owns Se	erved: NO	RWICH			I						l
			Monito	oring Requ	ireme	nts					
المالية المالي	ystem Fa	cility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)							
Total Co	oliform (	(3100)							1 ro	utine (RT)	per quartei
Sam	pling Poi	nt (Sampling Point ID)			Monitori	ng Peri	iod	Collect	ion Period	l Compl	iance Status
Sele	ct from Ir	ventory of Active Sampl	ing Points	:	10/1/18 -	12/31,	/18			Co	mplete
					1/1/19 -	3/31/1	19				
					4/1/19 -	6/30/1	19	-			
					7/1/19 -	9/30/1	19				
•		eters (PPS)									per quarter
		nt (Sampling Point ID)			Monitori			Collect	ion Period		iance Status
Sele	ct from Ir	entory of Active Sampl	ing Points		10/1/18 -					Co	omplete
					1/1/19 -						
					4/1/19 -						
		****	/11/57 ID 00700\		7/1/19 -	9/30/1	19				
		icility: ENTRY POINT	(WSF ID: 00700)							/-	
		rite (NOX)			Manitari	na Davi	ind.	Callact	ion Period	=	RT) per year
	RY POINT	nt (Sampling Point ID)			<i>Monitori</i> 1/1/18 -			Conect	ion Period		iance Status omplete
CINII	KT POINT	(5)			1/1/19 -					Cl	mpiete
					1/1/19 -						
			Other Co	ompliance			20				
Complian	nce Sched	ule Activity		Jp		Due Da	ite		Achieved	l Date	
RESPOND	TO SANI	TARY SURVEY			1	./16/20	019				
CORRECT	IVE ACTIO	ON/CORRECTIVE ACTION	PLAN			/16/20					
		Water	System Facili	ty and Sar	npling	Poin	t Inv	ento	ry		
Water			•	_ <b>*</b>				Total	Lead and	1	
System	Water S	System Facility	Sampling Point		nt		C	oliform	Copper		Stage
Facility II	D		ID	Description		Sto	atus	Rule	Rule Tie	r Asbestos	WQP 2 DBP
00600	DISTRIB	UTION SYSTEM	4	DISTRIBUTION	N SYSTEM	۱ ،	Α	Υ			
			DOWNSTREAM	WITHIN 5 SER	VICE CO	١ .	Α				
			UPSTREAM	WITHIN 5 SER	VICE CO	۱ ،	Α				
00700	ENTRY I	POINT	3	ENTRY POINT			Α				
21818	WELL		2	WELL			A				
			Con	tact Inforr	nation						
Name			O	rganization						Job Title	
⁄Ir. Mich	ael Maix	ner									
∕Iailing A	Address Li	ne One	Mailing Address	s Line Two				C	ity	State	Zip Code
165 Lavele							Non	ماء نا		СТ	06360

Mobile Phone

Norwich

Emergency Phone Email Address

 $\mathsf{CT}$ 

06360

165 Lawler Lane

**Business Phone** 

Contact Role(s): Legal Contact

Extension

Fax

C	Connectic	ut Depa	rtme	nt of	Public	Health	Drir	ıking	Water	Section		
	Wat	ter Qua	lity M	onite	oring a	nd Con	nplia	nce S	Schedul	le		
PWS ID P	WS Name						Classif	ication	Population	Owner Type	Pri	mary Source
CT1040084 N	IORWICH WOR	SHIP CENTER	₹				N	IC	25	Р		GW
Local Address (wh	ere applicable)				Service	Resider	ntial Co	mmerci	al Industri	al Combin	ed	Agricultural
165 LAWLER LANE					Connection	S		1				
Towns Served: NC	RWICH									·		
Name				Or	ganization					Job Titl	e	
Mr. Jefferey R. Sh	arp			No	Norwich Worship Center				Senior Pastor/Pre.			
Mailing Address Li	ne One		Mailing A	Address	Line Two				City	State		Zip Code
165 Lawler Lane								Norwic	h	СТ		06360
Business Phone	Extension	Fax		Mobil	e Phone	Emergency	y Phone	Email A	ddress	,		
860-822-9522	11	860-822-	6678			860-334	-0651	pastor(	@norwichw	orshipcenter.	.org	
Contact Role(s):	Administrative	Contact										

#### Contact Role(s). Administrative Conta

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

Connecticut Department of Public Health Drinking Water Section  Water Quality Monitoring and Compliance Schedule  PWS ID  PWS Name Classification Population   Owner Type   Primary Source NC   25   P   GW    NC   25   P   GW    Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Touris Service NORWICH  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Complete    4/1/19 - 6/30/19   Troutine (RT) per quarter    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete    4/1/19 - 9/30/19   Troutine (RT) per quarter    Collection Period   Complete    4/1/19 - 9/30/19   Troutine (RT) per year    Complete   4/1/19 - 12/31/18   Complete    4/1/19 - 12/31/19   Complete    4/1/19 - 12/31/19   Complete    Compliance Schedule Activity   Due Dote   Achieved Date    RESPOND TO SANITARY SURVEY   4/27/2019    Public Notification Requirements   Performed   Performe								
Water Quality Monitoring and Compliance Schedule  PMYS ID PMS Name Classification NC 25 P GW Local Address (where applicable) Service Connections I Industrial Combined Agricultural Industrial Combined Agricultural Industrial Combined Agricultural Industrial Combined Agricultural Industrial Combined Industrial Compliance Status Industrial Compliance Status Industrial Compliance Industrial Industrial Compliance Industrial Industrial Compliance Industrial Industr		<b>Connecticut Departmen</b>	nt of Public H	lealth I	rinking	Water S	Section	
PWS ID PWS Name CT1040104 7-ELEVEN #32524		<b>↑</b>			_			
CT1040104   7-ELEVEN #32524   Service   Residential   Commercial   Industrial   Combined   Agricultural   Common	PWS ID		omeoring and					imary Source
Service   Connections   Residential   Commercial   Industrial   Combined   Agricultural   Industrial   Combined   Agricultural   Industrial   Indu								
Towns Served: NORWICH    Monitoring Requirements			Service	Residentia				1
Monitoring Requirements  Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)  Total Coliform (3100) Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete  4/1/19 - 6/30/19 7/1/19 - 9/30/19 Physical Parameters (PPS) Sampling Point (Sampling Point ID) Monitoring Period A/1/19 - 6/30/19 Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete  Monitoring Period Sampling Point (Sampling Point ID) Monitoring Period A/1/19 - 6/30/19 T/1/19 - 9/30/19  Select from Inventory of Active Sampling Points 10/1/18 - 12/31/18 Complete  4/1/19 - 6/30/19 T/1/19 - 9/30/19  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID) Monitoring Period Sampling Point (Sampling Point ID) Monitoring Period A/1/19 - 12/31/18 Complete  1/1/18 - 12/31/18 Complete  1/1/19 - 12/31/19 Complete  1/1/19 - 12/31/10 Co				ricoraciicio		ai maastiiai	Combined	7.81104104141
Monitoring Requirements   Monitoring Requirements   Monitoring Period   Sampling Point (Sampling Point ID)   Monitoring Period   Al/1/9 - 3/31/18   Complete								
Total Coliform (3100)   Monitoring Period   Collection Period   Compliance Status		M	onitoring Requ	irement	ts			
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance Status	Water System	Facility: DISTRIBUTION SYSTEM (	WSF ID: 00600)					
Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance Status	Total Coliform	n (3100)	,			1 r	outine (RT) p	er quarter
1/1/19 - 3/31/19   Complete		•		Monitoring	Period C			•
A/1/19 - 6/30/19   7/1/19 - 9/30/19   7/1/19 - 9/30/19   7/1/19 - 9/30/19   7/1/19 - 9/30/19   7/1/19 - 9/30/19   7/1/19 - 9/30/19   1 routine (RT) per quarter (RT) per quarter (RT) per provide (RT) per quarter (RT) per quar	Select from	Inventory of Active Sampling Points	:	10/1/18 - 12	2/31/18		Co	mplete
Physical Parameters (PPS)				1/1/19 - 3,	/31/19		Cor	mplete
Physical Parameters (PPS)				4/1/19 - 6,	/30/19			
Sampling Point (Sampling Point ID)  Select from Inventory of Active Sampling Points  10/1/18 - 12/31/18  10/1/19 - 3/31/19  4/1/19 - 6/30/19  7/1/19 - 9/30/19  7/1/19 - 9/30/19  Water System Facility: ENTRY POINT (WSF ID: 00700)  Nitrate And Nitrite (NOX)  Sampling Point (Sampling Point ID)  Monitoring Period  Collection Period  Collection Period  Compliance Status  1 routine (RT) per year  Collection Period  Compliance Status  ENTRY POINT (3)  1/1/18 - 12/31/18  ENTRY POINT (3)  1/1/19 - 12/31/19  Compliance Schedule  Compliance Schedules  Compliance Schedules  Compliance Schedule Activity  Due Date  4/27/2019  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  4/27/2019  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Achieved Date  Public Notification Requirements  Violation/Situation  Period  Tier  Required  Performed  Required  Performed  Performed  Performed  Tier  Required  Performed  Performed  Due to DPH Received  Perceived  Total Coliform M&R Violation  10/1/12 - 12/31/12  2 5/8/2010  4/2/2019  5/21/2013  4/2/2019  5/21/2013  4/2/2019				7/1/19 - 9,	/30/19			
Select from Inventory of Active Sampling Points   10/1/18 - 12/31/18   Complete	<b>Physical Parar</b>	neters (PPS)				1 r	outine (RT) p	er quarter
1/1/19 - 3/31/19   Complete	Sampling P	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Compli	ance Status
A/1/19 - 6/30/19   7/1/19 - 9/30/19   7/1/19     7/1/19 - 9/30/19     7/1/19     7/1/19     7/1/19     7/1/19     7/1/19     7/1/19	Select from	Inventory of Active Sampling Points	;	10/1/18 - 12	2/31/18		Co	mplete
Toutine (RT) per year   Sampling Point (Sampling Point ID)   Monitoring Period   Collection Period   Compliance Status				1/1/19 - 3,	/31/19		Co	mplete
Nitrate And Nitrite (NOX) Sampling Point (Sampling Point ID)  Nomitoring Period Collection Period Compliance Status  ENTRY POINT (3)  1/1/18 - 12/31/18  Complete  1/1/19 - 12/31/19  Complete  1/1/20 - 12/31/20  Other Compliance Schedules  Compliance Schedule Activity  Due Date Achieved Date  RESPOND TO SANITARY SURVEY  4/27/2019  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Violation/Situation  Period Tier Required Performed Due to DPH Received Tier Required Performed Due to DPH Received Total Coliform MCL Violation  1/1/10 - 3/31/10  1/1/10 - 3/31/10  1/1/10 - 3/31/10  Notice Public Notification Performed Due to DPH Received Tier Required Performed Due to DPH Received Total Coliform MCL Violation  1/1/10 - 3/31/10  1/1/10 - 3/31/10  1/1/10 - 3/31/10  Notice Period Tier Required Performed Due to DPH Received Tier Required Performed Due to DPH Received Total Coliform M&R Violation  1/1/10 - 3/31/10  1/1/12 - 12/31/12  Notice Period Tier Required Performed Due to DPH Received Tier Second Tier Required Performed Due to DPH Received Tier Second Tier Period Due to DPH Received Tier Second Tier Period Due to DPH Received Tier Second Tier Period Die to DPH Received DPH Received Tier Period Die to DPH Received DPH Rec				4/1/19 - 6,	/30/19			
Nitrate And Nitrite (NOX)         1 routine (RT) per year Sampling Point (Sampling Point ID)         Monitoring Period Collection Period Compliance Status           ENTRY POINT (3)         1/1/18 - 12/31/18         Complete           1/1/19 - 12/31/19         Complete           1/1/20 - 12/31/20           Other Compliance Schedules           Compliance Schedule Activity         Due Date         Achieved Date           RESPOND TO SANITARY SURVEY         4/27/2019           CORRECTIVE ACTION/CORRECTIVE ACTION PLAN         4/27/2019           Public Notification Requirements           Violation/Situation         Period         Notice Required         Public Notification         PN Certification           Violation/Situation         Period         Tier         Required         Performed         Due to DPH         Received           Total Coliform MCL Violation         1/1/10 - 3/31/10         2         5/8/2010         4/2/2019         5/18/2010         4/2/2019           Total Coliform M&R Violation         10/1/12 - 12/31/12         2         5/11/2013         4/2/2019         5/21/2013         4/2/2019				7/1/19 - 9,	/30/19			
Sampling Point (Sampling Point ID)  ENTRY POINT (3)  1/1/18 - 12/31/18  Complete  1/1/19 - 12/31/19  1/1/20 - 12/31/20  Other Compliance Schedules  Compliance Schedules  Compliance Schedule Activity  Due Date 4/27/2019  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Compliance Period Total Coliform MCL Violation 1/1/10 - 3/31/10 1/1	Water System	Facility: ENTRY POINT (WSF ID: 0	0700)					
ENTRY POINT (3)	Nitrate And N	itrite (NOX)					1 routine (R	T) per year
1/1/19 - 12/31/19   Complete	Sampling P	Point (Sampling Point ID)		Monitoring	Period C	ollection Perio	d Compli	ance Status
Other Compliance Schedules  Compliance Schedule Activity  Due Date  4/27/2019  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Compliance Period Tier Required Performed Due to DPH Received Total Coliform MCL Violation  Total Coliform M&R Violation  Water System Facility and Sampling Point Inventory  Due Date  Achieved Date	ENTRY POIN	NT (3)		1/1/18 - 12	/31/18		Co	mplete
Other Compliance Schedules  Compliance Schedule Activity  Due Date 4/27/2019  CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Compliance Period Tier Required Performed Due to DPH Received  Total Coliform MCL Violation  Total Coliform M&R Violation  Water System Facility and Sampling Point Inventory  Achieved Date				1/1/19 - 12	/31/19		Co	mplete
Compliance Schedule Activity RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Compliance Notice Public Notification Requirements  Violation/Situation Period Tier Required Performed Due to DPH Received  Total Coliform MCL Violation 1/1/10 - 3/31/10 2 5/8/2010 4/2/2019 5/18/2010 4/2/2019  Total Coliform M&R Violation 10/1/12 - 12/31/12 2 5/11/2013 4/2/2019 5/21/2013 4/2/2019  Water System Facility and Sampling Point Inventory				1/1/20 - 12	/31/20			
RESPOND TO SANITARY SURVEY CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Compliance Period Tier Required Performed Due to DPH Received Red Coliform MCL Violation Total Coliform MCL Violation  Total Coliform M&R Violation  Water System Facility and Sampling Point Inventory		Oth	er Compliance	Schedu	les			
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN  Public Notification Requirements  Compliance Period Total Coliform MCL Violation  1/1/10 - 3/31/10 2 5/8/2010 4/2/2019 5/18/2010 4/2/2019  Total Coliform M&R Violation  10/1/12 - 12/31/12 2 5/11/2013 4/2/2019 5/21/2013 4/2/2019  Water System Facility and Sampling Point Invertory	Compliance Sch	edule Activity		Du	e Date	Achieve	ed Date	
Public Notification Requirements    Compliance   Notice   Public Notification   PN Certification   PN Certification   Period   Tier   Required   Performed   Due to DPH   Received   Public Notification   Notice   Public Notification   Notice   Public Notification   PN Certification   Notice   Performed   Due to DPH   Received   Notice   Performed   Notice   Public Notification   Notice   Public Notification   Notice   Public Notification   PN Certification   Due to DPH   Received   Notice   Public Notification   Notice   Public Notification   PN Certification   Notice   Public Notification   PN Certification   PN Certification   Notice   Public Notification   PN Certification   PN	RESPOND TO SA	NITARY SURVEY		4/2	7/2019			
Compliance Period Tier Required Performed Due to DPH Received Total Coliform MCL Violation 10/1/12 - 12/31/12 2 5/8/2010 4/2/2019 5/18/2010 4/2/2019  Water System Facility and Sampling Point Invertory	CORRECTIVE AC	TION/CORRECTIVE ACTION PLAN		4/2	7/2019			
Violation/Situation         Period         Tier         Required         Performed         Due to DPH         Received           Total Coliform MCL Violation         1/1/10 - 3/31/10         2         5/8/2010         4/2/2019         5/18/2010         4/2/2019           Total Coliform M&R Violation         10/1/12 - 12/31/12         2         5/11/2013         4/2/2019         5/21/2013         4/2/2019           Water System Facility and Sampling Point Inventory		Public	Notification R	equiren	nents			
Total Coliform MCL Violation 1/1/10 - 3/31/10 2 5/8/2010 4/2/2019 5/18/2010 4/2/2019 Total Coliform M&R Violation 10/1/12 - 12/31/12 2 5/11/2013 4/2/2019 5/21/2013 4/2/2019  Water System Facility and Sampling Point Inventory			-	Notice	Public N	<u>otification</u>	PN Cert	<u>ification</u>
Total Coliform M&R Violation 10/1/12 - 12/31/12 2 5/11/2013 4/2/2019 5/21/2013 4/2/2019  Water System Facility and Sampling Point Inventory			Period	Tier		Performed	Due to DPH	Received
Water System Facility and Sampling Point Inventory				2				
	Total Coliform M	1&R Violation	10/1/12 - 12/31/12	2	5/11/2013	4/2/2019	5/21/2013	4/2/2019
Water Total Lead and		Water System I	acility and Sar	npling P	oint Inve	ntory		
	Water				To	otal Lead ar	nd	
System Water System Facility Sampling Point Sampling Point Coliform Copper Stage  ID Description Pulp Pulp For Ashestos WOR 2 DRPP	•	er System Facility Sampling		nt	Coli			_

Description

**ENTRY POINT** 

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

**DISTRIBUTION SYSTEM** 

WITHIN 5 SERVICE CON

ID

**UPSTREAM** 

3

2

**Facility ID** 

00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

21820 WELL

Rule Tier Asbestos WQP 2 DBPR

Rule

Status

Α

Α

Α

Α

Α

	Water Quality Monito	oring and	d Con	npl	iance S	Schedul	e	
PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT1040104	7-ELEVEN #32524				NC	25	Р	GW
Local Address (w	here applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
152 TAFTVILLE-C	OCCUM ROAD	Connections			1			

Connecticut Department of Public Health Drinking Water Section

				Contact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Dave Goodman	1			Olde Northe	Olde Northeast Realty Lp Administrator					
Mailing Address Lin	e One		Mailing Ad	dress Line Two	ress Line Two			State	Zip Code	
22 Christy's Drive			Suite 4			Brockton MA			02301	
Business Phone	Extension	Fax	ı	Mobile Phone	Emergency Phone	Email A	ddress			
508-427-6111		508-427-	4333							
Contact Role(s): A	dministrative	Contact, Leg	al Contact,	Owner						
Name				Organization	1			Job Title		
Christy's Realty Lim	ited Partners	hip								
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code	
P. O. Box 711			C/O South	land Cofp-Tax D	ept Loc 125	Dallas		TX	75221	
Business Phone	Extension	Fax	ľ	Mobile Phone	Emergency Phone	Email A	ddress			
Contact Role(s): O	wner									

#### Please note the following:

Towns Served: NORWICH

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	<b>Primary Source</b>
CT1040134	THE NORWICH FISH & GAME ASSOC., INC.				NC	25	Р	GW
Local Address (	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
44 BROWNING	ROAD	Connections			1			

Towns Served: NORWICH

Monitor	ing Requirements		
Water System Facility: <b>DISTRIBUTION SYSTEM (WSF ID:</b>	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELL #2 (WSF ID:	: 00701)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT - WELL 2 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Public Notifi	ication Requirements		
Com	onliance Notice Publi	c Notification	PN Certification

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform MCL Violation	4/1/11 - 6/30/11	2	8/10/2011		8/20/2011			
Total Coliform MCL Violation	7/1/11 - 7/31/11	2	9/15/2011		9/25/2011			

#### **Water System Facility and Sampling Point Inventory** Total Lead and Water Water System Facility Sampling Point Sampling Point **Coliform** System Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** 00600 DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α 00701 **ENTRY POINT - WELL #2** 3 **ENTRY POINT - WELL 2** Α 2 WELL #2 Α 54488 WELL #2

54882 BLADDER TANK

			Organization			Job Title		
Association	n, Inc.							
Mailing Address Line One Mailing		Mailing Add	ress Line Two		City	State	Zip Code	
					Norwich	СТ	06360	
ktension	Fax	M	obile Phone	Emergency Phone	Email Address			
n	е		e Mailing Add	e Mailing Address Line Two	e Mailing Address Line Two	e Mailing Address Line Two City Norwich	e Mailing Address Line Two City State Norwich CT	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

(	Connectic	ut Depa	rtment of	f Public	: Health	Drin	ıking	Water	Section	
	Wa	ter Qua	lity Monit	coring a	nd Con	nplia	nce S	chedul	e	
PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT1040134	THE NORWICH	FISH & GAME	ASSOC., INC.			N	С	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
44 BROWNING RO	OAD			Connectio	ons		1			
Towns Served: No	ORWICH			•	,				,	
860-887-3174										
Contact Role(s):	Owner									
Name			0	rganization					Job Title	2
Mr. Jan M. Schne	eider			orwich Fish	& Game		T	2008 Hou	se Chairman	
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code
44 Browning Roa	d						Norwic	h	CT	06360
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress		
860-433-7285					860-887	-3174	jschnei	d@EBMAIL.	GDEB.COM	
Contact Role(s):	Administrative	Contact								
Name			0	rganization					Job Title	e
Ms. Amy Sipulesl	ki									
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code
290 High Street							Baltic		CT	06330
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress		
			860-6	608-5869						
Contact Role(s):	Legal Contact									
Name			0	rganization					Job Title	2
Mr. Brent Al			N	orwich Fish	& Game			House Ch	air	
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code
44 Browning Roa	d						Norwic	h	СТ	06360
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email A	ddress		
860-303-0861							ogees2	28365@yah	100.co m	
Contact Role(s):	Legal Contact,	Owner								

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

		_										
		Connecticut De	epartment of	Public H	lealth	D	rinki	ng W	/ater	Se	ction	
		Water Q	uality Monit	oring an	d Con	npl	lianc	e Sch	iedul	e		
PWS ID		PWS Name				Cla	ssificati	on Pop	ulation	Owi	ner Type Pı	rimary Source
CT104902	4	MOHEGAN PARK - GROU	JP PAVILION				NC		25		L	GW
Local Add	ress (v	where applicable)		Service	Residen	tial	Comm	ercial	Industri	al	Combined	Agricultural
PARK CEN	ITER R	D / MOHEGAN PARK RD		Connections							1	
Towns Sei	rved:	NORWICH										
			Monito	oring Requ	ıireme	nts	•					
Water Sy	stem	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)								
<b>Total Co</b>	liforr	n (3100)							1	rou	tine (RT) <sub>I</sub>	oer quarter
Sam	pling	Point (Sampling Point ID)			Monitori	ing F	Period	Colle	ction Pe	riod	Compli	ance Status
Selec	ct fron	n Inventory of Active Samլ	oling Points		10/1/18 -	- 12/	31/18				Co	mplete
					4/1/19 -	- 6/3	0/19					
					7/1/19 -	- 9/3	0/19					
-		meters (PPS)							1	rou		oer quarter
		Point (Sampling Point ID)			Monitori			Colle	ction Pe	riod		ance Status
Selec	ct fron	n Inventory of Active Samp	oling Points		10/1/18 -		-				Со	mplete
					4/1/19 -							
W/-16	.1	E. III ENTRY ROLL	- (NASE ID 00700)		7/1/19 -	- 9/3	0/19					
•		Facility: ENTRY POINT	I (WSF ID: 00700)								/5	
		Nitrite (NOX)			Monitori		Doubod	Calla	otion Do		=	T) per year
		Point (Sampling Point ID) INT (3)			<i>Monitori</i> 1/1/18 -				tion Per			mplete
EINIF	(T POI	1111 (5)			1/1/10 -				′1-12/31 ′1-12/31			ilibiete
					1/1/20 -				1-12/31			
		\M/ato	r System Facili	ty and Sar			·	-	•			
14/		vvate	i System racin	ity allu Sai	npinig	PU	)					
Water System	Wat	er System Facility	Sampling Point	Samplina Poi	nt			Total Coliforn	Lead n Copj			Stage
Facility ID		or bystom ruomey	ID	Description				Rule			Asbestos	WQP 2 DBPF
		RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				
			DOWNSTREAM				Α					
			UPSTREAM	WITHIN 5 SER	RVICE COI	N	Α					
00700	ENTI	RY POINT	3	ENTRY POINT			Α					
50021	WEL	L 1	2	WELL 1			Α					
57133		SSURE TANK										
			Con	tact Inforr	mation	1						
Name				rganization							Job Title	

Name				Organization	1		Job Title			
VIs. Peter Nystrom	er Nystrom City of Norwich Mayor									
Mailing Address Lin	e One		Mailing Add	dress Line Two		City	State	Zip Code		
Norwich City Hall 100 Broad			100 Broadv	vay		Norwich	СТ	06360		
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address	mail Address			
860-823-3743		860-885-2	2914			pnystrom@cityofno	rwich.org			

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

The state of the s										
PWS ID PWS Name					Population	Owner Type	Primary Source			
CT1049024	1049024 MOHEGAN PARK - GROUP PAVILION				25	L	GW			
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural			
PARK CENTER RD / MOHEGAN PARK RD		Connections				1				

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	epartment of	Public H	lealth	Dı	rinki	ng W	ater	Se	ction		
		Water Q	uality Monit	oring an	d Con	ıpl	ianc	e Sch	edu	le			
PWS ID		PWS Name	-		C		Classification		ulation	Owi	ner Type P	rimary Source	
CT104903	4	MOHEGAN PARK - DOG	POUND				NC		25		L	GW	
Local Add	ress (\	where applicable)		Service	Residen	tial	Comm	ercial	Industr	ial	Combined	Agricultural	
PARK CEN	TER R	D / MOHEGAN PARK RD		Connections						1			
Towns Sei	rved: I	NORWICH											
			Monito	oring Requ	ıireme	nts	;						
Water Sy	stem	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)									
<b>Total Co</b>	liforn	n (3100)							:	l rou	itine (RT)	per quarter	
Sam	pling I	Point (Sampling Point ID)			Monitori	ing P	Period	Collec	tion Pe	riod	Compli	ance Status	
Selec	t fron	n Inventory of Active Sam	pling Points		10/1/18 -	12/	31/18				Co	mplete	
					4/1/19 -	6/3	0/19						
					7/1/19 -	9/3	0/19						
-		meters (PPS)										per quarter	
		Point (Sampling Point ID)								llection Period Compliance Status			
Selec	t fron	n Inventory of Active Sam	pling Points		10/1/18 -						Со	mplete	
				4/1/19 - 6/30/19 7/1/19 - 9/30/19									
Motor Co		Facility CNTDV DOIN	T (MCE ID: 00700)		7/1/19 -	9/3	0/19						
		Facility: ENTRY POIN	1 (WSF ID: 00700)									<b>T</b> \	
		litrite (NOX) Point (Sampling Point ID)			Monitori	ina D	Pariod	Collec	tion Pe		·=	T) per year ance Status	
_		NT (3)			1/1/18 -				1-12/3:		-	mplete	
LINII	(1 FOI	W1 (3)			1/1/19 -		_	1-12/3			inpiete		
									1-12/3				
		Wate	er System Facili	ity and Sar			•			_			
Water		Wate	.i System i acm	ity and sai	пршів	. 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total	Lead	and			
System	Wat	er System Facility	Sampling Point	Sampling Poi	nt			Coliforn				Stage	
Facility ID		,	ID	Description			Status	-	-	-	Asbestos	WQP 2 DBPR	
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		А	Υ					
			DOWNSTREAM	WITHIN 5 SER	RVICE COI	V	Α						
			UPSTREAM	WITHIN 5 SEF	RVICE COI	V	Α						
00700	ENT	RY POINT	3	ENTRY POINT			Α						
50031	WEL	L 1	2	WELL 1			Α						
57151	PRES	SURE TANK											
			Con	tact Inform	mation	1							
Name			0	rganization							Job Title		

			C	ontact Inf	ormation				
Name				Organization	า	Job Title			
Ms. Peter Nystrom				City of Norw		Mayor			
Mailing Address Line One Mailing Addr				ress Line Two		City		State	Zip Code
Norwich City Hall 100 Broadwa				ay		Norwich		СТ	06360
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
860-823-3743		860-885-2	2914			pnystrom@cityofnorwich.org			
Contact Role(s): A	dministrative	Contact, Leg	al Contact		,				

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

Comment of the property of the										
PWS ID PWS Name					Population	Owner Type	Primary Source			
CT1049034	1049034 MOHEGAN PARK - DOG POUND				25	L	GW			
Local Address (where applicable)		Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural			
PARK CENTER RD / MOHEGAN PARK RD		Connections				1				

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule